

**SISSETON WAHPETON OYATE OF THE LAKE TRAVERSE RESERVATION
HEIPA DISTRICT ENROLLMENT APPLICATION**

(All information requested must be filled out in order to be presented at the next Regular District Meeting)

Name: _____
 First M.I Last Maiden

D.O.B: _____ S.S.#: _____ SW Enroll.#: _____

(Please provide a copy of Certification of Degree of Indian Blood, this is your Tribal Enrollment Document)

Current Address: _____
 Box #/Street City State Zip Code

Parents:

Mother (maiden name please) Father

Grand Parents:

Maternal Grandmother Maiden Paternal Grandmother Maiden

Maternal Grandfather Paternal Grandfather

Other Member on the District Roster that you are Claiming Lineal Descendancy to:

Name of Descendant: _____

Relationship to you: _____

(The next line is completely optional if you know the information)

Enrollment #/D.O.B. _____

I am hereby requesting membership with the **HEIPA DISTRICT** of the Lake Traverse Reservation and do hereby certify that: I am an enrolled member of the Sisseton Wahpeton Oyate, the date of birth, as well as the enrollment #, verification with Zelma Flute (1-605-698-3911, Ext: 215) that I am **¼ Degree of Indian Blood** and SSN#, the information that I have provided is correct and I am not a member of any other District.

Relinquishment, this is your responsibility: must provide/attaché relinquishment minutes from your former District.

Applicant's Signature: _____ Date: _____

Date Approved: _____ District Motion # _____

District Minutes Received by: Enrollment Clerk _____

Date: _____ Concurred By Council Minutes of Date _____